

REVIEWS

RULES FOR RECOVERY FROM TUBERCULOSIS. By LAWRASON BROWN, M.D. Third edition. Pp. 192. Philadelphia and New York: Lea & Febiger, 1919.

THIS book is composed of a series of short essays or papers, twenty-four in number, each dealing with an independent phase of the disease and its treatment as viewed from the patient's standpoint. Such subjects as rest, diet, climate, clothing, habits, means of infection, choice of room, with the utilization of the porch and recreation for the tuberculous patients, are taken up and described in sufficient detail to satisfy the great majority of patients' thirst for knowledge. The book was primarily written for the use of patients, but it contains so many good, practical points in the treatment of the disease, the relation of patient to physician, what the patient may do without consulting the physician, all alarming symptoms, that no physician can afford not to utilize it to the greatest extent both as for himself and for his patient. It is a book which could well be adopted by the public as a big tool in the fight against this disease. It is written in an interesting style, concise and very practical. All tuberculous patients would find it of great help in deciding many simple questions which arise daily while taking the "cure" and after their return to civilian life.

T. K.

THE MEDICAL CLINICS OF NORTH AMERICA. Volume II, Number 5, Boston No. Pp. 324; 34 illustrations and 12 diagrams. Philadelphia and London: W. B. Saunders Company, March, 1919.

THIS volume contains many interesting and instructive articles. The first comprises a series of clinics, by Dr. Henry A. Christian, upon "Cutaneous Pigmentation, Jaundice, Palpable Liver and Spleen and Ascites." Dr. Christian considers all facts with the student, and finally reaches his diagnosis by exclusion. He reviews briefly the literature upon hemochromatosis and bronze diabetes, pointing out many of the recent studies in hemochromatosis from the etiological standpoint, all of which remains somewhat a factor of doubt. The results of his case are confirmed by a postmortem

report. He also reports a case of fibrinous bronchitis, with again a brief review of the literature. He points out the great importance of a closer macroscopic study of the sputum and a gradual tendency of all men to look for everything with the microscope and not with the naked eye. The etiological factors, methods of diagnosis and finally the importance of vaccine therapy in such cases, as well as in chronic bronchitis and asthma, are considered. Dr. George R. Minot reports 4 cases of enlarged spleen, 2 of which were Banti's disease and the others a myelogenous leukemia. In the former a very brief, concise description is given, dividing the disease into its three stages and pointing out especially its chronicity. The diagnostic points are mentioned, with special reference to the blood-making organs. The differential diagnosis between this disease and Gaucher's disease, von Jaksch's anemia, hemolytic jaundice, splenic thrombosis and syphilis of the spleen is given. He advocates early splenectomy in Banti's disease. The second case gave symptoms suggestive of a peptic ulcer, and, in fact, had been previously operated upon for that disease. Radium and roentgen rays are advocated early in the treatment of myelogenous leukemia. Dr. John B. Hawes calls attention to the fact that the recent epidemic of influenza has not caused an increase of activity in a large proportion of healed or inactive cases of pulmonary tuberculosis. He shows statistics to prove that the death-rate and incidence of influenza among inactive and active tuberculous patients were not as high as in the non-pulmonary cases. He thinks that these tuberculous cases have a certain degree of immunity to influenza. He calls attention to the increase in difficulty in the diagnosis of pulmonary tuberculosis, owing to this respiratory epidemic, and warns against making a diagnosis upon insufficient clinical manifestations when there is a recent history of influenza, as a great many of the lung findings soon clear up without doing any permanent damage. Dr. Frederick T. Lord reports a case of pulmonary abscess, unknown etiology, operation and recovery. Dr. Franklin W. White's article upon "The Improvement in the Medical Treatment of Chronic Ulcer of the Stomach and Duodenum" needs special mention. He emphasizes the importance of individualizing the treatment of every case. His follow-up system, using the roentgen rays to study the ulcer anatomically, as well as the motility of the stomach, associated with the general condition of the patient, seems to be the best way of formulating an opinion as to the direct progress of all ulcer cases. The diagrams showing improvement in duodenal cap deformity with marked clinical improvement are very interesting. In an article upon "Lessons of the War in the Field of Cardiac Disease," Dr. F. W. Peabody calls attention to three distinct types of heart disease, which have a large bearing upon civilian cases. He calls attention especially to the functional cardiac or effort syndrome cases—cases with definite endocardial lesions without any clinical

manifestations, and lastly cases with systolic apical murmurs without evidence of any cardiac hypertrophy. These cases, however, have a definite history of severe attacks of tonsillitis or acute rheumatic fever. He believes these are cases of early organic heart disease, and the method of treatment is directed toward cleaning up all focal infections.

T. K.

THE MEDICAL CLINICS OF NORTH AMERICA. Volume II, Number 6, Baltimore No. Pp. 297; 7 illustrations. Philadelphia and London: W. B. Saunders Company, May, 1919.

DR. LEWELLYS F. BARKER reports a case of funicular myelitis with an early blood picture of only a secondary anemia. He points out the frequent nervous lesions associated with the anemias. A careful differential diagnosis between parasyphilis, multiple sclerosis and transverse myelitis is considered. The etiology and pathology with reference to the recent literature is also added. Dr. Julius Friedenwald gives his personal experiences in the treatment of ulcer of the stomach. He gives a brief review of the various medical treatments used in peptic ulcer, including the Leube cure; the Lenhardt cure; the Sippy cure; comparative results of the various forms of treatment; Einhorn's duodenal alimentation; brief discussion of the surgical treatment. The advantage of pyloroplasty over gastro-enterostomy, as compared upon a similar 100 cases, is given with from 8 to 11 per cent. better immediate and final results in favor of the pyloroplasty. Medically, the Sippy cure has been the one adopted in his clinic. It is described somewhat in detail. The follow-up system with the roentgen-ray studies is called attention to as the only sure way of judging the healing process of the ulcer. A diet list used following the ulcer treatment as well as the one comprising the actual treatment is appended. In another short article he reports 41 cases of true achylia gastrica and 37 spurious achylas as determined by the fractional method. Some of the true achylas occurred in chronic gastritis, gastric ulcer, gastric carcinoma, pernicious anemia, cholelithiasis, syphilis of the stomach, pulmonary tuberculosis, and, after an operation, where a pylorectomy and gastro-enterostomy had been done. He contrasts the low total acid, free HCl curve with the hypermotility in the true achylas and that of the chronic gastritis cases wherein which the total acid curve is higher, associated with a large quantity of mucus and oftentimes a delayed motility. Dr. Gordon Wilson lays special stress upon the necessity of convincing one's patient that he has the disease in the treatment of pulmonary tuberculosis. Thinking that this is the first fundamental and to help the patient to realize that tuberculosis is essentially a chronic disease, passing through periods of apparent